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Number of pages with cover page:	13	Our Reference 297912002103
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2

## Comments:

Application No. 10/772,703

Attached a) Request for RCE, b) Fcc Transmittal (original and duplicate), c) Amendment - 9 pages.

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PTO/SB/17 (01-05)
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Under the Papervork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Pags pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/772,703 FEE TRANSMITTAL February 5, 2004 Filing Date For FY 2006 William M. COLONE First Named Inventor Examiner Name W. Aughenbaugh Applicant claims small entity status, 588 37 CFR 1.27 1772 297912002103 TOTAL AMOUNT OF PAYMENT Altomey Docket No. METHOD OF PAYMENT (check all that apply) Money Order Other (please identify): Check Credit Card None x Deposit Account Deposit Account Number 03-1952 Coposit Account Name Morrison & Foerster LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Chargo any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES SEARCH FEES **FILING FEES EXAMINATION FEES Small Entity** Small Entity Small Entity Fee (5) Fee (\$) Fee (\$) Application Type Foc (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 150 300 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee (\$) Fee Paid (\$) HP - highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of Independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$) /50 (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37. 790.00 SUBMITTED BY Registration No 106 ) 45,218 Sloneturo Telephone (949) 251-7189 Todd W. Wight October 5, 2006